

114.3 CMR: Division of Health Care Finance and Policy

114.3 CMR 28.00: CHIROPRACTIC SERVICES

Section

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28.01: General Provisions

- (1) Scope, Purpose and Effective Date. 114.3 CMR 28.00 governs the rates of payment to be used by all governmental units in making payments to eligible providers of chiropractic services to publicly-aided individuals. Rates for services rendered to individuals covered by M.G.L. c. 152 (Workers Compensation Act) are set forth at 114.3 CMR 40.00. 114.3 CMR 28.00 is effective July 1, 2005.
- (2) Disclaimer of Authorization of Services. 114.3 CMR 28.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 28.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.
- (3) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:
 - (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
 - (b) deleted codes for which there are no corresponding new codes; and
 - (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
- (4) Authority. 114.3 CMR 28.00 is adopted pursuant to M.G.L. c. 118G.

28.02: General Definitions

Meaning of Terms. As used in 114.3 CMR 28.00, unless the context otherwise requires, terms shall have the meanings ascribed in 114.3 CMR 28.02.

Charging for Multiple Services Performed During an Office Visit.

(a) Separate charges may be assessed for examinations, chiropractic manipulations, and supportive services performed during the course of a single visit, subject to the other provisions of 114.3 CMR 28.02. In addition, consistent with the language of the 1997 Current Procedural Terminology (CPT) regarding the use of Evaluation and Management services, the Chiropractic Manipulative Treatment (CMT) codes include a pre-manipulation patient assessment. Additional Evaluation and Management services may be reported separately if and only if the patient's condition requires a significant separately identifiable Evaluation and Management procedure that extends beyond customary preservice and postservice work.

(b) A charge may be assessed for supportive services only if a chiropractic manipulation is also performed during the course of the same visit.

(c) For separate charging for each service to be allowed, a minimum length of visit must be satisfied for each possible combination of services; examples include:

Manipulation plus the use of either of the following codes: 99201 or 99212: 20 minutes

Manipulation plus brief supportive service: 20 minutes.

Manipulation plus the use of either 99201 or 99212 plus brief supportive service: 30 minutes.

Substitutions:

An intermediate-level exam, using codes 99203 or 99214, add 15 minutes.

A Comprehensive exam using either code 99204 or 99215, add 20 minutes

Longer supportive service instead of a brief supportive service: add 15 minutes.

Eligible Provider of Chiropractic Services. An individual licensed under and meeting the requirements of M.G.L. c. 112, §§ 89 through 97 and who also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit.

Established Patient. A patient who has received professional services from the chiropractor within the past three years.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

New Patient. A patient who has not received any professional services from the chiropractor within the past three years.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or part liable under a statutory program, including those persons covered under C.41 Sec.100.

Visit. A face to face meeting between an eligible provider of chiropractic services and a publicly-aided individual or industrial accident patient.

28.03: General Rate Provisions and Rates

(1) General Rate Provision. The rates of payment contained in 114.3 CMR 28.00 are full compensation for authorized chiropractic services rendered to publicly-aided individuals as well as for any administrative or supervisory duties in connection with patient care.

(2) Rates. The rates of payment for authorized chiropractic services to which 114.3 CMR 28.00 applies is the lower of the eligible provider's usual and customary fee or the rates listed as follows:

Procedure Code	Allowable Fees	Procedure Description
98940	\$24.67	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	\$30.64	spinal, three to four regions
98942	\$ 37.18	spinal, five regions

99201	\$17.67	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making
99202	\$27.33	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; and • straightforward medical decision making.
99203	\$40.04	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: <ul style="list-style-type: none"> • a detailed history; • a detailed examination; and • medical decision making of low complexity.
99204	\$50.35	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate complexity.
99205	\$57.94	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of high complexity.

99211	\$8.37	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem (s) are minimal.
99212	\$17.67	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; • straightforward medical decision making.
99213	\$27.12	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; • medical decision making of low complexity.
99214	\$40.83	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a detailed history; • a detailed examination; • medical decision making of moderate complexity.
99215	\$52.09	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; • medical decision making of high complexity.

(3) Radiological Services. The rates of payment for x-rays provided by chiropractors to publicly-aided individuals are set forth in 114.3 CMR 18.00

(4) Orthotic Devices, Orthopedic Supports and Braces. The rates of payment for orthotic devices, orthopedic supports and braces provided by chiropractors to publicly-aided individuals and industrial accident patients set forth in 114.3 CMR 34.00.

(5) Individual Consideration. Rates of payment to eligible providers of chiropractic services for procedures performed in exceptional circumstances is determined on an Individual Consideration (I.C.) basis by the governmental unit or Worker's Compensation purchaser upon receipt of a bill which describes the services rendered. The determination of rates of payment for authorized I.C. procedures is in accordance with the following criteria:

- (a) Time required to perform the procedure;
- (b) Degree of skill;
- (c) Severity or complexity of the patient's disorder or disability;

- (d) Policies, procedures and practices of other third party purchasers of care, governmental and private;
- (e) Prevailing chiropractic ethics and accepted customs; and
- (f) Such other standards and criteria as may be adopted from time to time by the Division.

(6) Nutritional Supplements. The provider receives payment for nutritional supplements provided to publicly-aided individuals and industrial accident patients equal to the adjusted acquisition cost, plus the dispensing fee for non-legend drugs specified in 114.3 CMR 31.00. The adjusted acquisition cost is the price paid to a supplier by an eligible provider for nutritional supplements, after adjustment for quantity discounts and excluding all associated costs such as, but not limited to, shipping, handling, and insurance costs.

28.04 Severability

The provisions of 114.3 CMR 28.00 are severable. If any provision or the application of such provision to any provider or circumstances is held to be invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 28.00: M.G.L. c. 118G.